## SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

	FOR LINE NUMBER:				PAGE	= 8	80 OI	F	99		
Use separate schedule(s)	(check only one)										
for each category of the Detailed Summary Page	X	11a		11b		11c		12			
zotanou oummary r ago		13		14		15		16		17	

	Statements may not be sold or used by any personance name and address of any political committee to	
NAME OF COMMITTEE (In Full)  National Association of Mutual	Insurance Companies PAC	
Full Name (Last, First, Middle Initial) Mr. Robert A. White CIC, ARM,  Mailing Address 1 S Wacker Dr Ste 2380  City Chicago	State Zip Code IL 60606-4617	Date of Receipt    M
FEC ID number of contributing federal political committee.  Name of Employer  First Nonprofit Insurance Company  Receipt For:  Primary  General  Other (specify)	Occupation President & CEO  Aggregate Year-to-Date   400.00	50.00
Full Name (Last, First, Middle Initial)  Mr. Scott S. Wilder  Mailing Address PO Box 30660  City  Lansing  FEC ID number of contributing federal political committee.  Name of Employer  Auto-Owners Insurance Company  Receipt For:  Primary  General  Other (specify)	State Zip Code MI 48909-8160  C  Occupation Regional Vice President  Aggregate Year-to-Date ▼  300.00	Date of Receipt  08 12 2013  Transaction ID: A3F302EE899D9414F8AA  Amount of Each Receipt this Period  300.00
Full Name (Last, First, Middle Initial)  Mr. Noel A. Williams  Mailing Address 3030 N 3rd St  City Phoenix  FEC ID number of contributing federal political committee.  Name of Employer  CopperPoint Mutual Insurance Company  Receipt For:  Primary General Other (specify)	State Zip Code AZ 85012-3074  C  Occupation Vice President of Underwriting  Aggregate Year-to-Date   533.28	Date of Receipt    Mark
SUBTOTAL of Receipts This Page (optional)	<b>&gt;</b>	370.83
TOTAL This Period (last page this line number	only)	